Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereb	y revoke all previous powers of attorney R 3.73(b).	given in the a	oplication identifie	ed in the attached sta	tement under	
	y appoint:				W1	
X Pr	actitioners associated with the Customer Number.		21378			
OR		L				
Practitioner(s) named below (if more than ten patent practitioners are to be named then a customer number must be used):						
	Name	Registration	**************************************	Name	Registration	
 -		Number			Number	
!						
-						
		20 10 10 10 10 10 10 10 10 10 10 10 10 10			 	
_						
as attorne	N/(s) or agent/ol to represent the understand before		Detect and Freder			
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3 73(b) to:						
The address associated with Customer Number 21378						
The address associated with Custoffer Publication.						
OR Fin	m gr		- 44-			
L Ind	lividual Name			·		
Address					Ì	
City		State		Zip		
Country						
Telephon	ie	-1,77	Email		*** - *** - *** - *** - *** - ***	
	3 A A					
Assignee N	lame and Address:			,		
Applied Medical Resources Corporation						
22872 Avenida Empresa						
Rancho Santa Margarita, California 92688						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Theus			Date 3/7/06		
Name	Nabil Hilal			Telephone 949-713-8000		
Title						
This settent	n of information is required to 07 OFF 4 04 4 00 and 4 4				}	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fille (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.